



Town of Deerfield, 8 Conway Street, South Deerfield, MA 01373
Telephone: 413-665-1400 Facsimile: 413-665-1411

Building Permit Application To Construct, Repair, Renovate Or Change the Use or
Occupance of any building OTHER THAN a One- or Two-Family Dwelling

EFFECTIVE 2/7/2011, ALL CONTRACTORS MUST POSSESS A 780CMR 8th ED. CODE BOOK

(This Section For Official Use Only)

Building Permit Number: Date Applied: Building Inspector:

SECTION 1: LOCATION

Property Address

Property Owner

SECTION 2: PROPOSED WORK

If New Construction check here or check all that apply in the two rows below

Existing Building Repair Alteration Addition For Demolition, use Demo Permit Application

Change of Use Change of Occupancy Other Specify:

Are building plans and/or construction documents being supplied as part of this permit application? Yes No
Is an Independent Structural Engineering Peer Review required? Yes No

Brief Description of Proposed Work:

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION,
ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Evaluation is enclosed (See 780 CMR 3402.0)

Existing Use Group(s): Proposed Use Group(s):
Existing Hazard Index 780 CMR 34: Proposed Hazard Index 780 CMR 34:

SECTION 4: BUILDING HEIGHT AND AREA

Table with 4 columns: Existing, Proposed, No. of Floors/Stories, Total Area and Height.

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 A-2r A-2nc A-3 A-4 A-5 B: Business E: Educational
F: Factory F-1 F2 H: High Hazard H-1 H-2 H-3 H-4 H-5
I: Institutional I-1 I-2 I-3 I-4 M: Mercantile R: Residential R-1 R-2 R-3 R-4
S: Storage S-1 S-2 U: Utility Special Use and please describe below:

Special Use:

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA IB IIA IIB IIIA IIIB IV VA VB

SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

Water Supply: Flood Zone Information: Sewage Disposal: Trench Permit: Debris Removal:

Railroad right-of-way: Hazards to Air Navigation: MA Historic Commission Review Process:

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: Use Group(s): Type of Construction: Occupant Load per Floor:
Does the building contain an Sprinkler System?: Special Stipulations:

**SECTION 9: PROPERTY OWNER AUTHORIZATION**

Name and Address of Property Owner

Name (Print) \_\_\_\_\_ No. and Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner Contact Information:

Title \_\_\_\_\_ Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

If applicable, the property owner hereby authorizes

\_\_\_\_\_ Name \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

**SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)**

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then **check here**  and skip Section 10.1)

**10.1 Registered Professional Responsible for Construction Control**

_____ Name (Registrant) _____ Telephone No. _____ e-mail address _____	_____ Registration Number _____
_____ Street Address _____ City/Town _____ State _____ Zip _____	_____ Discipline _____ Expiration Date _____

**10.2 General Contractor**

Company Name: \_\_\_\_\_

\_\_\_\_\_ Name of Person Responsible for Construction \_\_\_\_\_ License No. and Type if Applicable \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

**SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))**

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit. Is a signed Affidavit submitted with this application? **Yes**  **No**

**SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE**

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$ _____  Building Permit Fee = Total Construction Cost x ____ (Insert here appropriate municipal factor) = \$ _____.  Note: Minimum fee = \$ _____ (contact municipality)  Enclose check payable to _____ (contact municipality) and write check number here _____
1. Building	\$ _____	
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	

**SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

\_\_\_\_\_ Please print and sign name \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Municipal Inspector to fill out this section upon application approval:** \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

## DEBRIS AFFIDAVIT

**As a result of the provisions of MGL C. 40, § 54, I acknowledge that as a condition of this Building Permit, all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL C. 111, § 150A.**

**I certify that I will notify the Building Commissioner of any change in the location of the solid waste disposal facility to be used within 72 hours.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Permit Applicant**

**Print or type the following information:**

\_\_\_\_\_  
**Name of Permit Applicant**

\_\_\_\_\_  
**Firm Name (if applicable)**

\_\_\_\_\_  
**Address**

**The debris will be disposed of:**

\_\_\_\_\_  
**Facility**

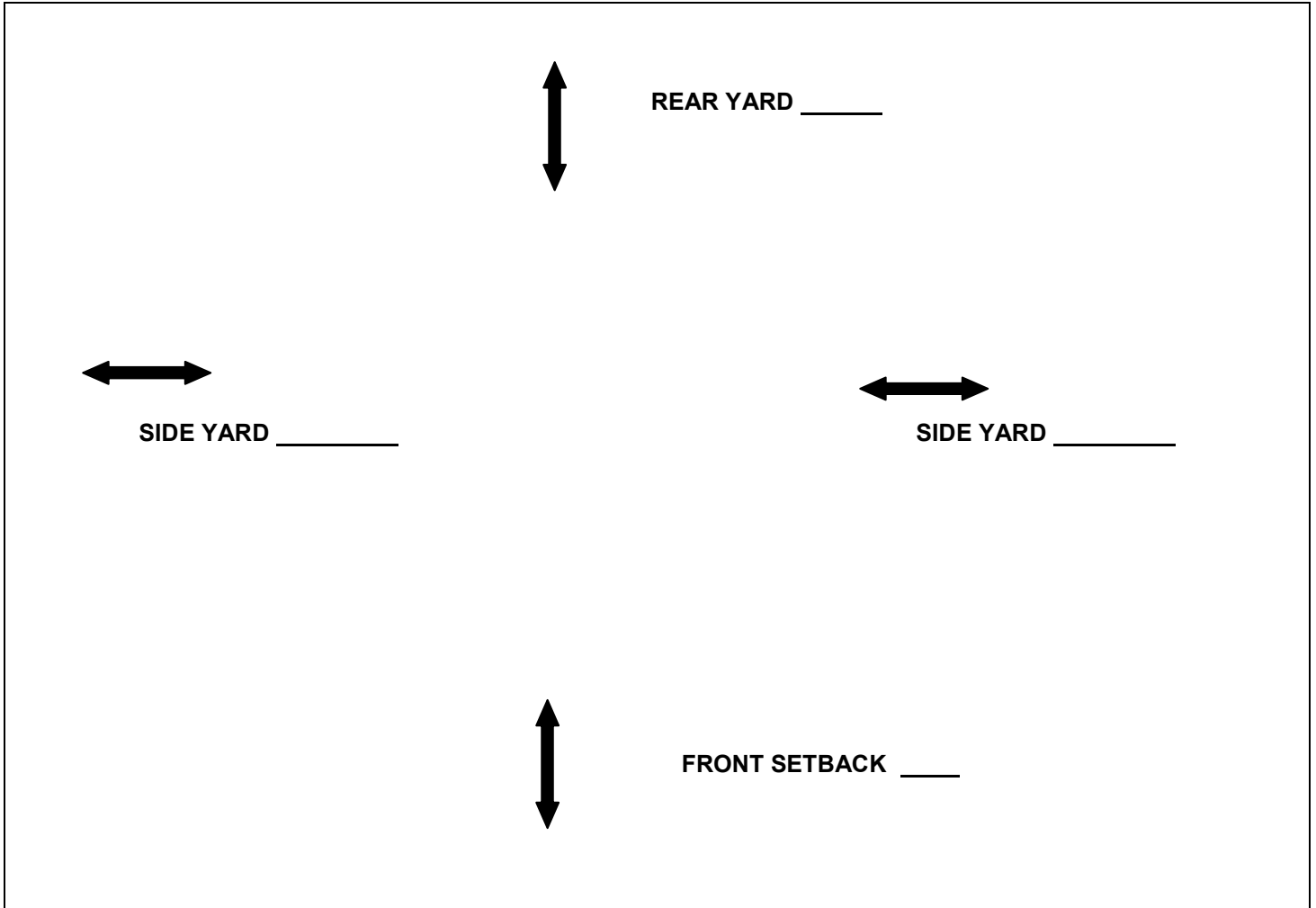
\_\_\_\_\_  
**Address**

# PLOT PLAN

Map \_\_\_\_ Parcel \_\_\_\_

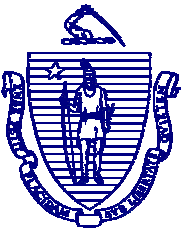
\_\_\_\_\_ Sq Ft

REAR LOT DIMENSION



FRONTAGE DIMENSION: \_\_\_\_\_ STREET NAME: \_\_\_\_\_

- Indicate location and dimensions of house, garage, additions or accessory buildings.
- Locate septic design area if applicable.
- Locate well CAP if applicable.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am a employer with \_\_\_\_\_ employees (full and/ or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)



## REQUIRED INSPECTIONS DOCUMENT

**780 CMR – Base Code Section 110.3**

**8<sup>th</sup> Edition Massachusetts State Building Code**

**You are given the following notice:**

**As a condition of the permit issuance noted below, the following Inspections/Phased approvals are required for**

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Permit Number: \_\_\_\_\_

**Required Inspections by Building Official (when checked):**

<input type="checkbox"/> 110.2 - Preliminary (prior to start)	<input type="checkbox"/> 110.3.8 – Other _____
<input type="checkbox"/> 110.3.1 – Footing/Foundation/Soils	<input type="checkbox"/> 110.3.8 Smoke/Heat/C.O. Systems
<input type="checkbox"/> 110.3.2 -Concrete Slab/Under Floor	<input type="checkbox"/> 110.3.8 Sprinkler/Standpipe/Fire Pump
<input type="checkbox"/> 110.3.3 – Flood Elevation/Certificate	<input type="checkbox"/> 110.3.9 – Witness Special Inspections
<input type="checkbox"/> 110.3.4 – Framing – Floor/Wall/Roof	<input type="checkbox"/> 110.3.10 – Final inspection
<input type="checkbox"/> 110.3.5 - Lath and Gypsum Board	<input type="checkbox"/> 527 CMR – AAB Compliance Inspection
<input type="checkbox"/> 110.3.6 – Fire/Smoke Resistant Assembly	<input type="checkbox"/> Manufactured Building Found/Bracing
<input type="checkbox"/> 110.3.7 – Energy Code Inspections	<input type="checkbox"/> Manufactured Building Set inspection
<b>Note:</b> Electrical, Plumbing, Gas, etc, Rough and Finish Inspections must be approved prior to Building Official's Rough and Finish Inspection as applicable.	

**Also - Phase of Construction approval by Registered Design Professional (when checked):**

<input type="checkbox"/> Soil condition	<input type="checkbox"/> Roofing, coping
<input type="checkbox"/> Footing and Foundation , including reinforcement	<input type="checkbox"/> Special Inspections (Sec. 1704) Specify _____
<input type="checkbox"/> Concrete Floor and Under Floor	<input type="checkbox"/> Venting Systems (kitchen, chemical, fume )
<input type="checkbox"/> Lowest Floor Flood Elevation	<input type="checkbox"/> Mechanical Systems
<input type="checkbox"/> Structural Frame – wall/floor/roof	<input type="checkbox"/> Energy Code Compliance
<input type="checkbox"/> Lath and Plaster/Gypsum	<input type="checkbox"/> Fire Alarm Installation*
<input type="checkbox"/> Fire Resistant Wall/Partitions framing	<input type="checkbox"/> Fire Suppression Installation**
<input type="checkbox"/> Fire Resistant Wall/Partitions finish attachments	<input type="checkbox"/> Field Report/Additional Document Attached
<input type="checkbox"/> Above Ceiling inspection	<input type="checkbox"/> Carbon Monoxide Detection System***
<input type="checkbox"/> Fire Blocking/Stopping System	<input type="checkbox"/> Seismic reinforcement
<input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> AAB 521 CMR compliance

**Indicate exact Story or area of the building being approved above:**

\*including NFPA 72 test and acceptance documentation

\*\* including all applicable NFPA 13, 13R, 13D, 14, 17, 20, etc. test and acceptance documentation

\*\*\* Including NFPA 720 Record of Completion and Inspection and Test Form

**General Note:**

**110.5 - It is the responsibility of the Permit holder to request inspections.**

**110.6 – Work may not proceed, or be concealed, until the work/phase has been approved by the Building Official.**